

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/889711	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1										
2		1		1							
3		2		2							
4		3		3							
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9		8		8							
10	1										
11		1		1							
12		2		2							
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TOTAL IND.	21		2								
TOTAL DEP.	22		66								
TOTAL CLAIMS			68								
						TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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